

Title	Civil Forfeiture in Drug Cases: Form for Opposing (amend form MC-200, <i>Claim Opposing Forfeiture</i>)
Summary	The proposed revision of optional form MC-200, <i>Claim Opposing Forfeiture</i> , would update the form to assist clerks in determining whether to collect filing fees, and to make other technical amendments.
Source	Criminal Law Advisory Committee
Staff	Joshua Weinstein, 415-865-7688
Discussion	<p>Form MC-200, <i>Claim Opposing Forfeiture</i>, is a Judicial Council–approved form used in forfeiture proceedings arising under Health and Safety Code section 11488.5. In those proceedings, there is no filing fee if the claim is for \$5,000 or less. (Health & Saf. Code, § 11488.5(a)(3).) The current version of the form, however, does not specify the amount claimed, making it difficult for clerks to determine whether to charge a filing fee.</p> <p>The proposed amendment to form MC-200 would add a checkbox, item 3 on page one, stating whether the value of the claim is (1) \$5,001 or more or (2) \$5,000 or less.</p> <p>The proposal also includes technical amendments to the Spanish form of notice in form MC-200, to correct certain typographical errors.</p>

3. Value of claim is ☐ \$5,000 or less ☐ \$5,001 or more (Health & Saf. Code, § 11488.5(a)(3).)

CLAIMANT (Name): _____	CASE NUMBER:
CLAIMED PROPERTY:	

4. Claimant has an interest in the claimed property. Claimant
- ☐ is the owner. *For vehicles (cars, boats, planes, etc.) only:* ☐ registered owner ☐ legal owner
 - ☐ has a security interest or is a lien holder ☐ has a right to possess.
 - ☐ is the personal representative of the estate of the owner, lessee, or secured party.
 - ☐ other (specify):

5. Claimant's interest in the right to or value of the claimed property is
- ☐ all ☐ part (specify nature, amount, or percentage):


b. ☐ unknown.

6. **Claimant requests**

- ☐ that the claimed property not be ordered forfeited.
- ☐ that claimant's interest in the claimed property not be ordered forfeited.
- ☐ costs of suit.
- ☐ other (specify):

7. ☐ Number of pages attached: _____

Date:

.....
(TYPE OR PRINT NAME)  _____
(SIGNATURE OF CLAIMANT)

VERIFICATION

I am the claimant in this proceeding and have read this claim. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

 _____
(SIGNATURE OF CLAIMANT)